

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 588423

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1	1			
3		2		1		
4		3		2		
5		4		3		
6		5		4		
7		6		5		
8	1		1			
9		1		1		
10		2		2		
11		3		3		
12		4		4		
13		5		5		
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18		10		10		
19		11		11		
20		12		12		
21		13		13		
22		14		14		
23		15		15		
24		16		16		
25		17		17		
26		18		18		
27		19		19		
28		20		20		
29		21		21		
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35		27		27		
36		28		28		
37		29		29		
38		30		30		
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44		36		36		
45		37		37		
46		38		38		
47		39		39		
48		40		40		
49		41		41		
50		42		42		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						